2020 QI Grant Project Opportunity

Advancing Family-Centered Care Coordination for Children and Youth with Special Health Care Needs using a Shared Plan of Care

Informational Call

October 28, 2019

WISCONSIN Medical Home
Children's Health Alliance of Wisconsin

CYSHCN Network of Support

Family Voices of Wisconsin

WISCONSIN Medical Home
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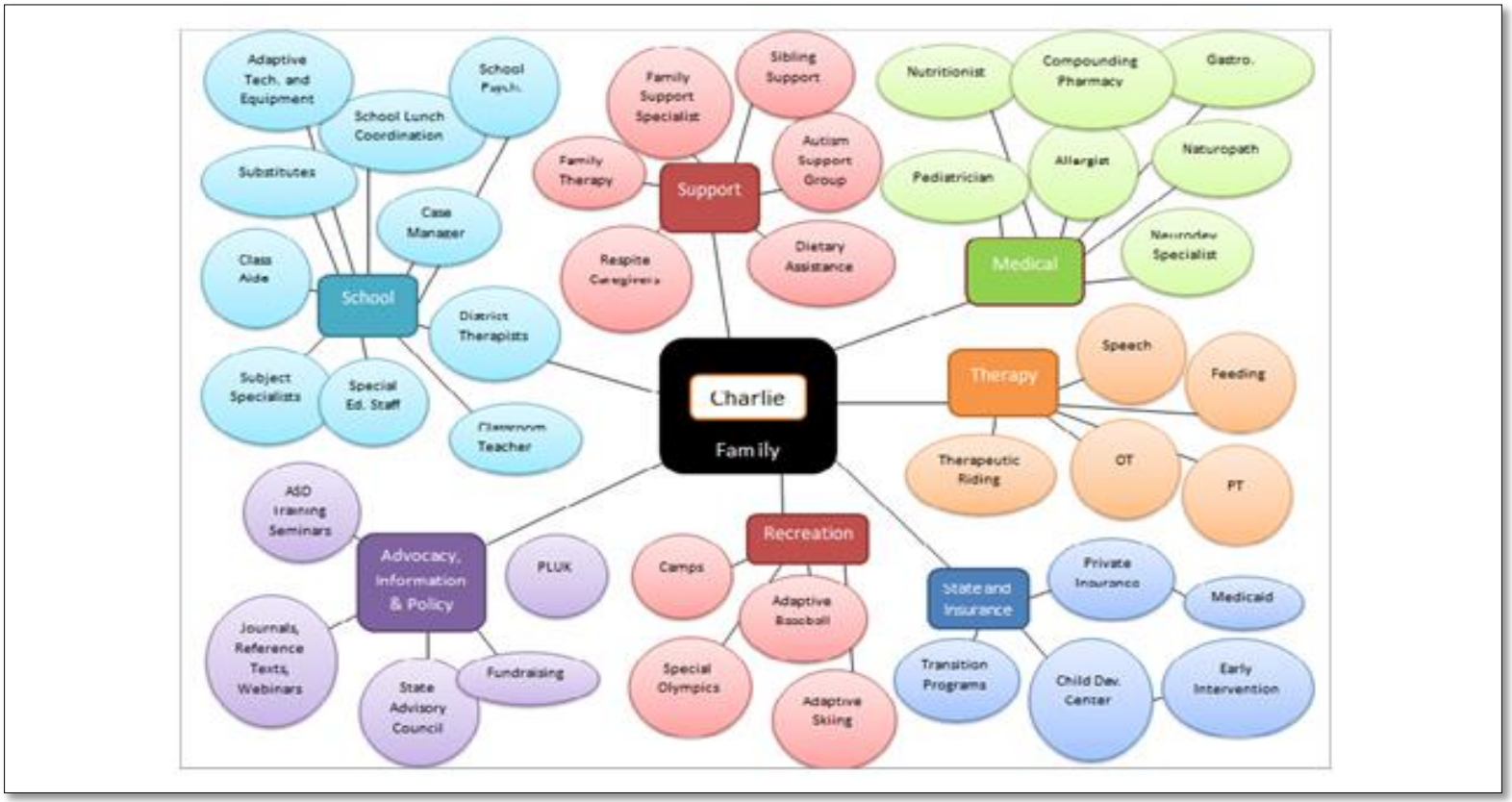
Wisconsin Title V Children and Youth with Special Health Care Needs Program

WELL BADGER RESOURCE CENTER

ABC FOR HEALTH Since 1994

HEALTH TRANSITION WISCONSIN
SUPPORTING YOUTH TO ADULT HEALTHCARE

What we mean when we talk about family-centered care coordination



Our Focus

1. Work with clinical practices to increase their capacity to coordinate services, support and care with children and youth and families AND engage families as partners on your team

2. Share lessons and successful tests to build best and better practices

3. Cultivate relationships with CYSHCN Network, clinical and non-clinical organizations to create systems of care coordination

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Build QI skills and capacity at the health system level to:

1. Promote youth and family engagement including the development of the SPoC and as members of the QI project team

2. Test and implement SPoC as a tool to enhance communication within and across systems.

3. Promote relationships across clinical and community systems and with the CYSHCN Network team to advance care coordination.

Important Dates

- **Dec 2, 2019:** Completed applications due
- **Dec 20, 2019:** Award notifications released by this date
- **Jan 1, 2020:** Teams begin work
- **Feb 25, Jun 23, Oct 27, 2020:** Learning Community Calls
- **April 21, 2020:** In-person, full-day project teams meeting (location TBD)

Eligible Applicants

- New, returning (or) experienced teams
- WI health care providers in clinical settings serving children and youth with special health care needs
- Team must include at least 1 health care clinician, 1 care team member & at least 1 family representative
- A designated project lead to spend ~2-4 hrs/week on project-related work

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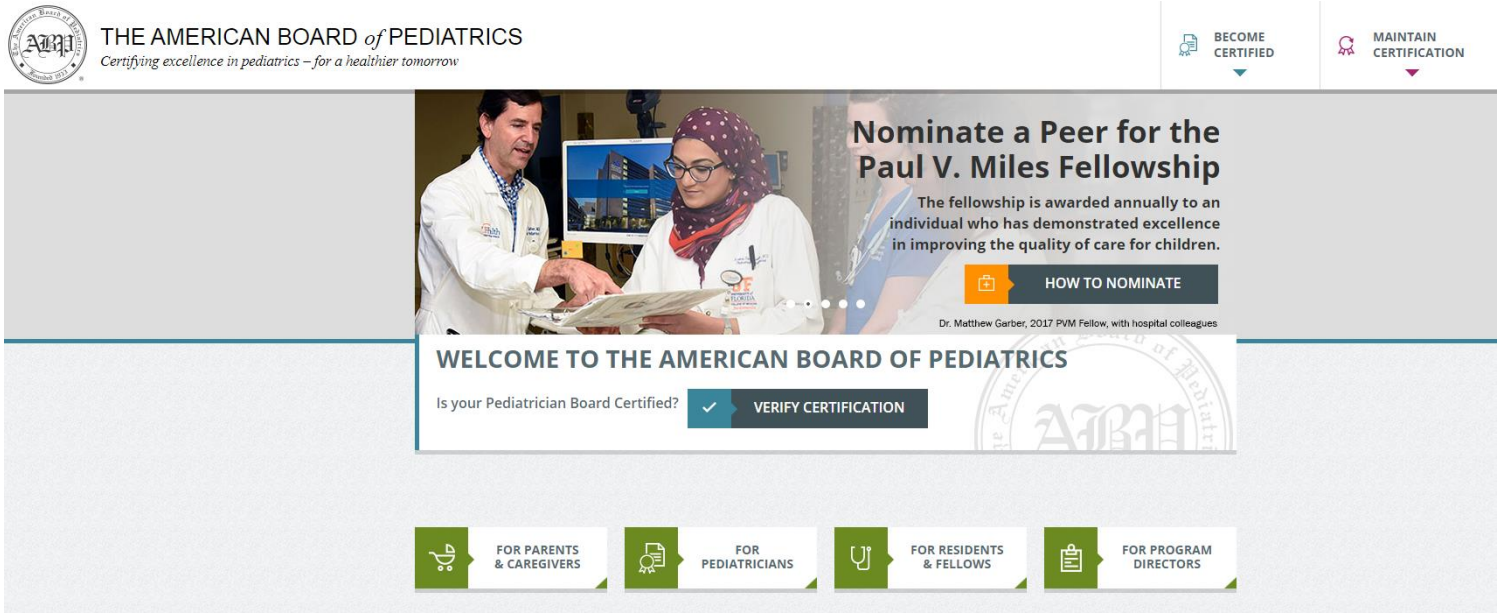
ABP MOC Part 4 credits

Pediatricians who participate directly in the project teams are eligible for 25 MOC Part 4 credits through the American Board of Pediatrics (ABP)



Project Activities

1. Shared Plan of Care
2. Family and youth engagement
3. Family representation in QI project work
4. Learning community participation
5. "Care Mapping" workshop

- Optional Add-On: Youth Health Transition

Clinic Activities with the Shared Plan of Care (SPoC)

- Pilot/Implement use of a SPoC* with a minimum of 10-20 children
- Quarterly surveys to measure care team's perceptions of SPoC and its impact
- Submit minimum of 1 Plan-Do-Study-Act (PDSA) cycle each quarter

**Teams may choose which SPoC they will pilot*

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Family & Youth Engagement with the Shared Plan of Care (SPoC)

- Quarterly surveys completed by families who are participating in the project:
  - Surveys measure family's perceptions and experience with their child's SPoC and its impact on care

QI Efforts in Partnership with Family Representatives

- At least 1 family representative* will be identified, supported member of your QI project team
- Family representatives participate in 3 conference calls with other family representatives of health care project teams (facilitated by Family Voices of WI)
- Family representatives participate in April in-person meeting

*"Family" includes parents, youth, caregivers and guardians

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Learning Community Participation

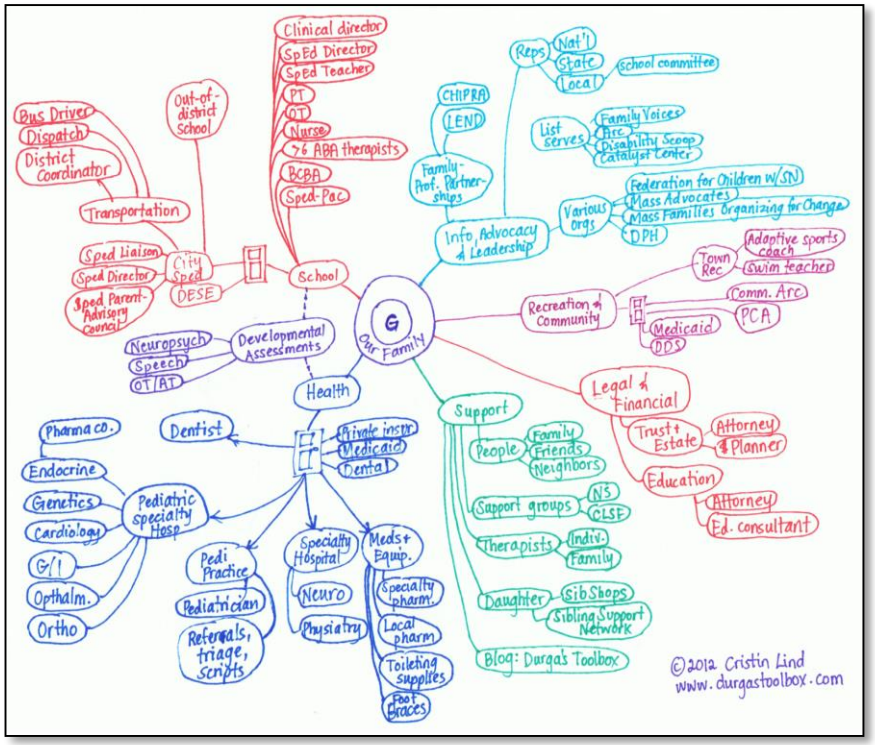
- Teams participate in 3 SPoC learning community calls: Feb 25, Jun 23, Oct 27 (12-1pm)
- Teams participate in April in-person meeting

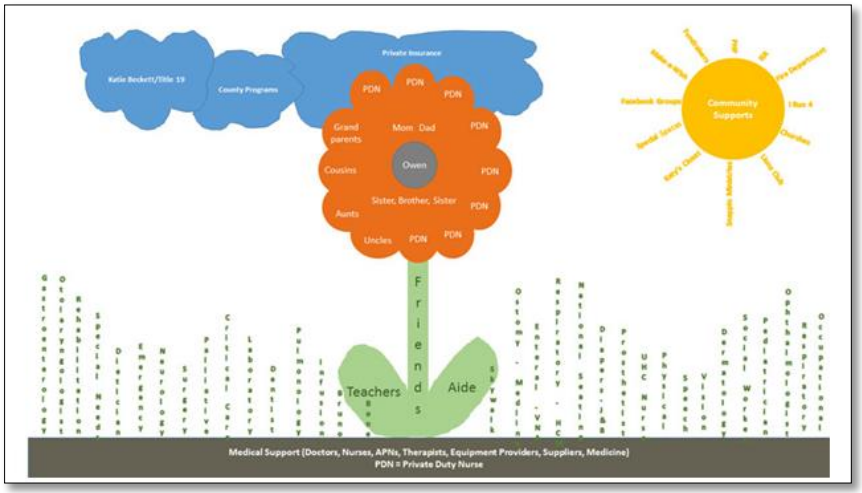
Goal: To learn and share successful strategies for implementing, promoting and supporting family-centered care coordination.

Conduct a Care Mapping Workshop

- A Care Map is a visual diagram to support and guide a family and their teams to all the support, services and care a child requires in a variety of settings.

- Goal: Promote understanding for both care teams & families how a SPoC may be a communication tool





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Project Activities: Returning (or) Experienced teams

Goal-Setting and Goal-reaching with Families

Potential Activities (non-exhaustive):

- Collaborative goal-setting
- Develop strategies and specific action steps with family members to determine how to reach short and long term goals.
- Identify the stressors that may impact family success.
- Aggregate and analyze data of families who have documented goals in their SPoC to support building partnerships

Optional Add-On: Youth Health Transition*

- Implement strategies to support youth health transition (12-21 years)
  - Project team: *Current Assessment of Health Care Transition Activities*
  - Project team: 4 YHT learning community calls
  - Youth enrolled*: Youth Readiness Assessments*
  - Families: *Build your Bridge* training

**Additional funding available*

Available Funding

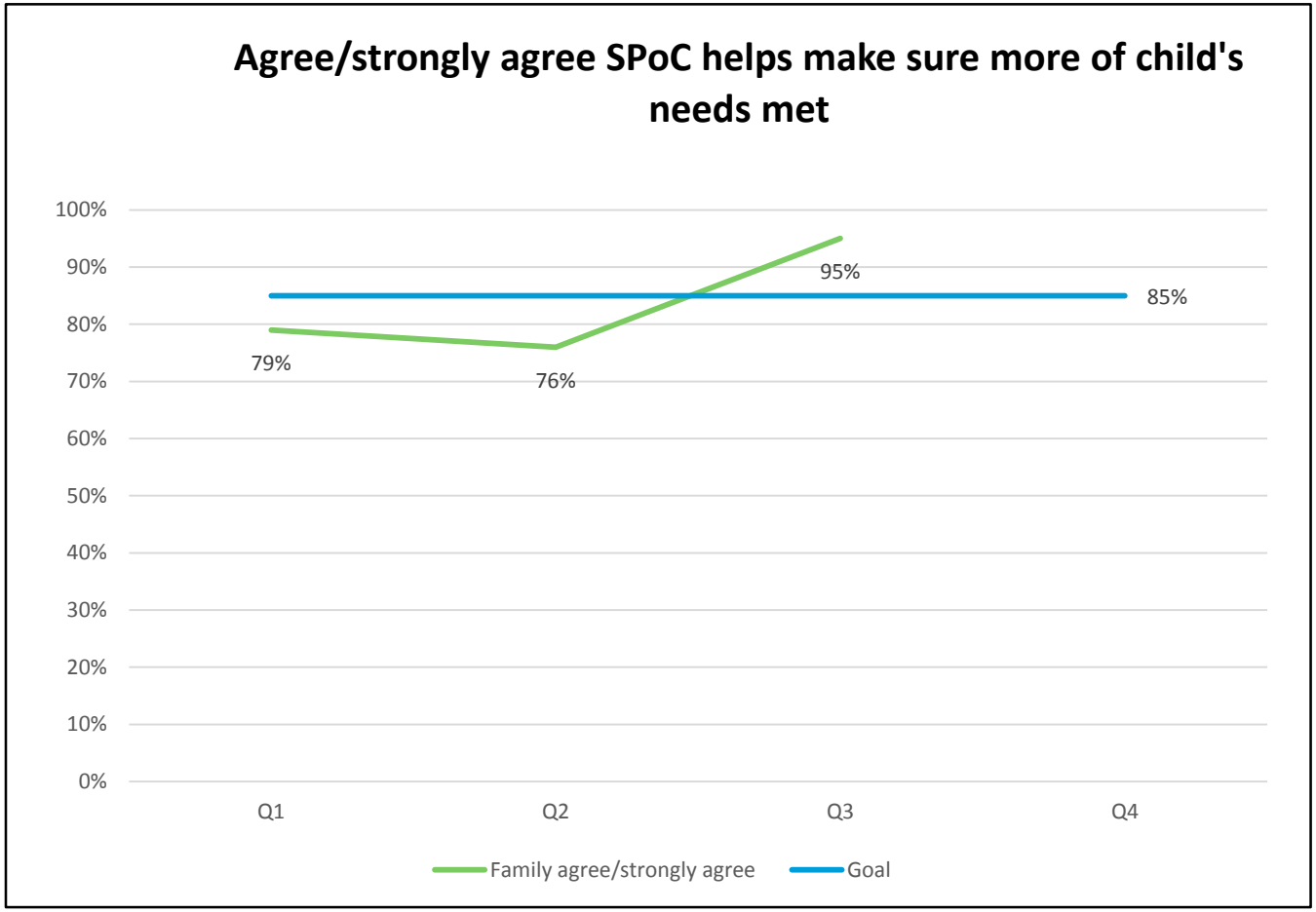
- **New Teams**
  - Up to $10,000: pilot use of SPoC with at least 10 children
  - Up to $20,000: pilot use of SPoC with at least 20 children
- **Returning or Experienced Teams**
  - Up to $20,000: enroll additional 10-20 children

➢ **Optional add-on: Youth Health Transition focus** (available for new or returning teams)

  ➢ Additional $5,000

	Eligibility	Funding Amounts	Focus Population	Required Activities
New Teams	Clinical practices serving children and youth with special health care needs who have **not** participated in the project or do not currently utilize shared plans of care with their patients	A. Up to $10,000 B. Up to $20,000 Optional: • Additional $5,000 (youth health transition focus)	A. Pilot family-friendly SPoC with at least 10 children and youth with special health care needs B. Pilot a family-friendly SPoC with at least 20 children and youth with special health care needs Optional: • Pilot the SPoC with youth 12-21 years of age and implement strategies to support the transition process	1. Clinic Activities with SPoC 2. Family and Youth Engagement with the SPoC 3. QI Efforts in Partnership with Family Representatives 4. Learning Community Participation 5. Care Mapping Optional: • Implement youth health transition strategies
Returning/Experienced Teams	Clinical practices serving children and youth with special healthcare needs who have previously participated in this project **and/or** currently utilize SPoC with their patients (SPoC must include the key components referenced in the grant guidance)	A. Up to $20,000 Optional: • Additional $5,000 (youth health transition focus)	A. Enroll a minimum of an additional 10-20 children or youth beyond currently enrolled children/youth Optional: • Utilize the SPoC with youth 12-21 years of age and implement strategies to support the transition process	In addition to above, engage in activities that build upon or enhance existing QI efforts with children, youth and families, and improve upon the quality of the SPoC such as: • Dive deeper into goal-setting and goal-reaching with families

Aim: Ensuring More of Child's Needs are Met



Source:
2019 Family Surveys

Care Teams say….

Our SPoC helps to **communicate with numerous health care providers** for children with medical complexities.

It has allowed us an avenue to **develop and address family goals**.

Care plans make us more **cognizant of how a child is doing overall**.

Families say….

It **feels empowering** to have a plan, as a family. To take note of issues that my daughter is experiencing, but to have help to make a plan to make things better.

The shared plan has **helped us to work together** to best manage our daughter's care and pro-long her quality of life!

Helps manage medication plan, IEP at school, therapy and try to **help him heal** from past trauma and emotional breakdowns.

Source: family survey

Questions?

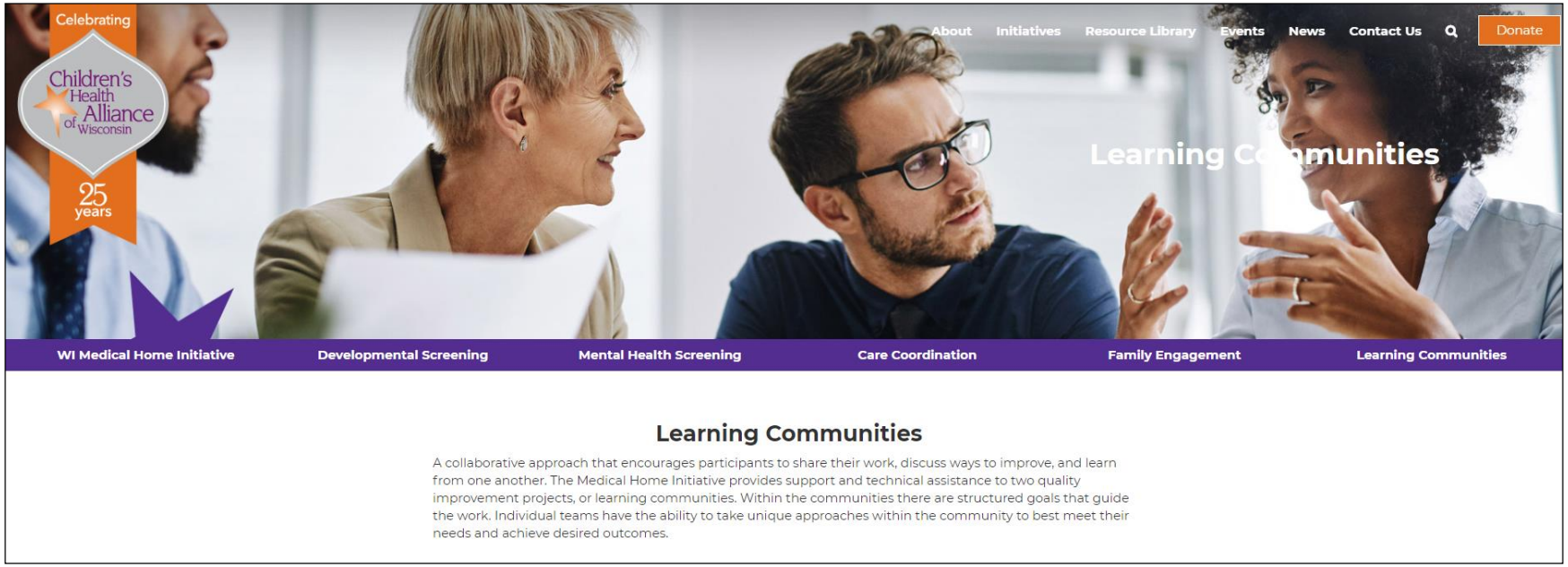
How to Apply

Applications due: **December 2, 2019**

1. Complete online application
2. Submit completed budget worksheet*
3. Submit sample of selected Shared Plan of Care*

**Send as email attachments to Colleen Lane (clane@chw.org).*

Grant Guidance and Online Application



www.chawisconsin.org/initiatives/medical-home/learning-communities/

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Thank you!

Follow updates on the project webpage:
https://www.chawisconsin.org/initiatives/medical-home/learning-communities/

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